Arizona Department of Health Services

Division of Behavioral Health Services
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JANICE K. BREWER, GOVERNOR
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Dear T/RBHA CEOs and interested stakeholders:

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is committed to reducing Tribal and Regional Behavioral Health Authority (T/RBHA) unnecessary administrative burden and duplicative processes whenever possible. ADHS/DBHS has been carefully researching numerous internal and external recommendations that have been brought to our attention in recent weeks. This letter is to share numerous changes which we feel will be positive for your organization in this regard. ADHS/DBHS encourages stakeholders to continue to bring suggestions to our attention for review.

1. **Targeted Clinical Practice Protocol Implementation and Monitoring (effective July 1, 2009)**

Currently all clinical practice protocols are listed as documents incorporated by reference in T/RBHA contracts, thus requiring training and implementation. There are almost 30 practice protocols, currently 9 with clearly delineated required service expectations. ADHS/DBHS believes that the volume of practice protocols hinders the ability for effective implementation, and makes it extremely difficult for ADHS/DBHS to monitor fidelity of practice.

Therefore, ADHS/DBHS will limit the number of clinical practice protocols to be focused on in a given contract year to no more than five (5); these protocols will be incorporated by reference into T/RBHA contracts and the selected protocols will be reassessed on an annual basis. The ADHS/DBHS Senior Leadership Team selected the following practice protocols for Contract year 2010 (staring July 1, 2009):

- Assessment and Service Planning
- The Child and Family Team (with CASII information included)
- Adolescent Substance Abuse Treatment
- Out of Home Placement (with HCTC information included)
- Psychopharmacology in Children Under Five Years of Age

T/RBHAs will be required to monitor the fidelity of implementation and the outcomes that are achieved with these selected practice protocols. In the coming weeks, ADHS/DBHS will work with the T/RBHAs to design monitoring tools that will then be consistently used across the state.

All remaining protocols will be (a) placed into a Reference Library on the DBHS website, (b) retired and replaced with links to national reference sources (also located in the Reference Library), or (c) retired with relevant language incorporated into the Provider Manual. The Reference Library will not be incorporated by reference into T/RBHA contracts.

Please note that while the "Home Care Training for Home Care Clients" and the "Unique Behavioral Health Service Needs of Children, Youth and Families Involved with CPS" protocols will be moved to the Reference Library, the training requirements and as outlined in Provider Manual Section 9.1 remain. Training curricula for each of these areas have been developed and do not relate directly to the practice protocols. Additionally, Provider Manual Sections 3.17, 3.2, and 4.3, which outline requirements pertaining to working with children, youth and families involved with CPS will not change. The Provider Manual remains a document incorporated by reference into T/RBHA contracts.

Please note that ADHS/DBHS' focus on (a) support and rehabilitation services related to the Meet Me Where I Am Campaign, (b) case manager expansion efforts for kids with complex behavioral health needs, and (c) transition age youth will continue to be areas of attention, although practice protocols related to these efforts will be moved to the reference library.

2. **Revisions to the Child and Family Team Practice Review Process (effective July 1, 2009)**

ADHS/DBHS is in the process of revising the current Child and Family Team practice review process. We anticipate that the revised process will not add but, in fact, reduce the workload for the T/RBHAs. Additionally, it is the Department's intention that the new process will provide a more accurate reflection of Child and Family Team practice. Details of changes to the process are still being finalized, but should be solidified in the coming weeks.

3. **Modifications to Privileging Requirements (effective when policy changes implemented)**

ADHS/DBHS will eliminate the privileging requirements for behavioral health professionals (BHPs) and behavioral health technicians (BHTs) currently outlined in Provider Manual Section 3.20, as they are duplicative to the process conducted by the Office of Behavioral Health Licensure (OBHL). These changes will be implemented once the policy revision is finalized and effective.

Privileging requirements for individuals conducting assessments will no longer be required. ADHS/DBHS expects T/RBHAs to hire skilled BHTs/BHPs, provide effective training, and provide strong clinical supervision. This will be monitored through the practice protocol reviews and through monitoring of the quality of the clinical supervision provided.

Please note that ADHS/DBHS is maintaining the current attestation process required for specialty providers (in addition to the existing credentialing requirements for specialty providers who are also independent billers). The intent of the attestation is twofold: (a) to ensure that specialty providers are indeed qualified to provide specialty services, and (b) to maintain system capacity to meet the needs of specialty populations. In past discussions with the T/RBHAs, there have been attempts to reduce the burden of this process (i.e. reduction of training hours), and we continue to welcome suggestions from the T/RBHAs about alternative and less burdensome ways to ensure these requirements are met.

4. Revisions to Network Planning and Development (effective immediately)

ADHS/DBHS has noted areas of unnecessary or duplicative reporting and is taking an aggressive approach to addressing these concerns.

Child Annual Network Analysis:

1. *Accomplishments Paper* - The requirement for an Annual Accomplishments paper (due 7/15/09) will be eliminated. ADHS/DBHS will use the quarterly T/RBHA updates to track accomplishments and progress toward goal achievement and will prepare the accomplishments paper rather than the T/RBHA.
2. *Single Case Agreements by Level of Service and Population* - Currently this is a quarterly requirement as part of the "Provider Gains and Loss Report". Beginning Q4FY09, this quarterly requirement will be eliminated and changed to an annual submission as part of the Network Analysis.

Please note that ADHS/DBHS is also investigating the use of a survey, rather than multiple forums, for collecting input and feedback from families, stakeholders, and providers. This would eliminate many hours of staff time and considerable travel time. ADHS/DBHS will also provide more specific direction for the T/RBHAs so they are clear on what is expected.

Please note that the Adult Network Department is currently evaluating the Annual Network Reporting Requirements and is in active discussions with AHCCCS regarding potential changes. We will inform the T/RBHAs once they are finalized; however potential changes include: (a) determining which data can be collected and analyzed at the state level instead of the T/RBHA level (particularly quantitative data), and (b) evaluating which reports can move from a quarterly to a biannual or annual basis and which can be eliminated completely (e.g. Provider Sufficiency Analysis).

5. Elimination of Clinical Liaison Designation (effective July 1, 2009)

DBHS will remove references to Clinical Liaisons in contracts and policies. Staff currently serving as Clinical Liaisons will function in the role of a BHP or BHT, depending on their credentials.

T/RBHAs will be required to identify a single point of contact at the T/RBHA level to respond to coordination of care inquiries from AHCCCS Health Plan, primary care providers (PCPs), and other involved clinicians to facilitate clinical coordination of care. In

the new contract year (beginning July 1, 2009) T/RBHAs will be required to designate an Acute Health Plan and Provider Coordinator(s).

6. Efficiencies in Provider Monitoring (ongoing)

In March 2009, ADHS/DBHS implemented a provider monitoring workgroup comprised of individuals from each of the T/RBHA QM departments to review the current requirements for provider monitoring. This is being done in an effort to streamline the process and improve efficiency across the state while also measuring the quality of care. It is anticipated that this work will be completed by June 30th, so it can be incorporated into the provider monitoring process for FY10. Any recommendations for reducing duplication or streamlining the provider monitoring process should be shared with this group.

ADHS/DBHS quality management staff will no longer conduct onsite quarterly reviews nor will they require the entire medical record for these reviews. Instead, the T/RBHAs will be asked to scan and submit electronically a limited number of documents (the most recent assessment, ISP, advanced directives, and 6 months of progress notes). For those providers with electronic medical records, ADHS/DBHS staff would like to obtain temporary rights/ access to these systems for their reviews in order to eliminate the need to scan these documents.

Please note that the current Community Service Agency (CSA) policy requires an annual on-site monitoring review and this expectation is not changing. Results from investigations conducted by the AHCCCS Office of Program Integrity (OPI) and on-site visits conducted by ADHS/DBHS and OBHL raised significant concerns with (a) the quality of documentation, (b) practicing outside of approved scope, and (c) the need for increased oversight and technical assistance. Also, because the on-site reviews ensure that staff information is up-to-date, it eliminates delays in the certification process. Furthermore, there are minimal physical site requirements in the CSA policy, and on-site reviews provide the T/RBHAs the opportunity to see the physical site and provide technical assistance to staff, as needed.

Please note that Home Care Training to Home Care Client (HCTC) onsite monitoring is currently a requirement under the QM/UM plan. The decision to monitor HCTCs stemmed from concerns regarding appropriateness of placement and lengths of stay in HCTCs. Licensure monitoring falls outside of this requirement. We expect that the new prior authorization and reauthorization process for HCTCs (to be implemented in the coming weeks/months) will reduce many of the prior concerns regarding monitoring of HCTCs, and therefore, ADHS/DBHS will review the need for onsite HCTC monitoring once this process is implemented.

We hope that these changes will be positive for your agencies; ADHS/DBHS will continue to assess how we can further reduce burden and duplication. We welcome suggestions for additional changes and bring any questions or concerns about these changes to our attention.

Sincerely,

Laura K. Nelson, MD
Acting Deputy Director
ADHS/DBHS

cc: ADHS/DBHS Executive Team